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(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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(Document Number)		
Certified Copies Certificates of Status		
		
Special Instructions to Filing Officer:		

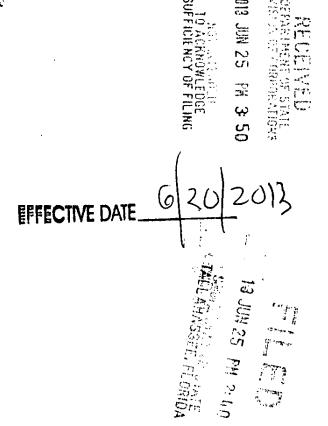
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

D' FRANCO TRANSPORT LLC

EFFECTIVE DATE 6 20

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LINO FRANCO

Name of Person

D' FRANCO TRANSPORT LLC

Firm/Company

2208 SAN VITTORINO CR. APT#106

Address

KISSIMMEE, FL 34741

City/State and Zip Code

BCPLINC@LIVE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LINO FRANCO

_{...}407

744-2662

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	1
D' FRANCO TRANSPORT LLC	EFFECTIVE DATE C 202013
(Must end with the words "Limited Liabilit	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2208 SAN VITTORINO CR. APT#106	PO BOX 421758
KISSIMMEE, FL 34741	KISSIMMEE, FL 34742
business entity with an active Florida registration.) The name and the Florida street address of the re	egistered agent are:
LINO FRANCO	
Name	
2208 SAN VITTORINO CR. APT#10	06
Florida street addr	ress (P.O. Box NOT acceptable)
KISSIMMEE	, _{FL} 34741
City, Stat	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete	ccept service of process for the above stated limited nis certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with distered agent as provided for in Chapter 608, F.S
CONTINU	J ED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MIGRM	LINO FRANCO
<u> </u>	2208 SAN VITTORINO CR. APT#106
	KISSIMMEE, FL 34741
	an the date of filing: 6/20/2013 (OPTIONAL) must be specific and cannot be more than five business daying.)
Signature of a r	member or an authorized representative of a member.
(In accordance with secti constitutes an affirmation I am aware that any false	ion 608.408(3), Florida Statutes, the execution of this document in under the paralties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State of Felony as provided for in s.817.155, F.S.)
	LINO FRANCO
	Typed or printed name of signee
B3141	
Filing Fees:	LINO FRANCO

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)